MAXIMUS Federal Services

Case Number:	CM14-0072093		
Date Assigned:	07/16/2014	Date of Injury:	02/29/1996
Decision Date:	09/22/2014	UR Denial Date:	05/02/2014
Priority:	Standard	Application Received:	05/19/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The applicant is a represented [redacted] employee who has filed a claim for chronic neck and low back pain reportedly associated with an industrial injury of February 29, 1996.Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; transfer of care to and from various providers in various specialties; and muscle relaxants.In a Utilization Review Report dated May 2, 2014, the claims administrator denied a request for 12 sessions of massage therapy. It was not clearly stated whether or not the applicant had had prior massage treatment.The applicant's attorney subsequently appealed.In a December 2, 2013 progress note, the applicant reported multifocal neck and upper back pain, 5-8/10. The applicant was using supplemental oxygen, it was stated. The applicant was given diagnoses including atrial fibrillation, thoracic outlet syndrome, COPD, oxygen dependent, hip pain, low back pain, migraine headaches, chronic pain syndrome, major depression, and obstructive sleep apnea. Physical therapy, Cymbalta, lumbar MRI imaging, and x-rays of various body parts were sought.In a progress note dated April 23, 2014, it was acknowledged that the applicant was not working and had reportedly retired. The applicant was still using supplemental oxygen and was having intermittent, episodic atrial fibrillation. The attending provider suggested that the applicant pursue a medical-legal evaluation to help add her cardiac and pulmonary issues to the claim. Digoxin was endorsed. Back and neck massages twice monthly were sought for muscle spasm purposes.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Message therapy two times a month for six months for neck and lumbar.: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines Page(s): 60.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Massage Therapy topic; Physical Medicine topic Page(s): 60; 98.

Decision rationale: The 12-session course of massage therapy being sought, in and of itself, represents treatment well in excess of the four- to six-session course recommended on page 60 of the MTUS Chronic Pain Medical Treatment Guidelines for massage therapy, the modality at issue here. Page 60 of the MTUS Chronic Pain Medical Treatment Guidelines further stipulates that massage treatment be used only as an adjunct to other recommended treatments, such as exercise. Massage, then, per the MTUS, is not a primary treatment modality. It is further noted that page 98 of the MTUS Chronic Pain Medical Treatment Guidelines emphasizes active therapy and active modalities during the chronic pain phase of a claim as opposed to continued dependence and continued reliance on passive treatment such as massage. No rationale for selection of this particular modality at a rate two to three times MTUS parameters was proffered by the attending provider. Therefore, the request is not medically necessary.